

# 2001 UNIFORM BUSINESS REPORT (UBR)

00298570 AF

**DOCUMENT # M00000000242**

1. Entity Name  
**CDI DELAND, LLC**

**FILED**  
01 FEB 21 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
5775 WAYZATA BLVD., STE. 280      5775 WAYZATA BLVD., STE. 280  
MINNEAPOLIS MN 55416      MINNEAPOLIS MN 55416

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

4. FEI Number      Applied For  
**41-1956753**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
Chairman	Heithoff, Kenneth B.	5775 Wayzata Blvd	St. Louis Park MN 55416	<input type="checkbox"/>
CEO	Deal, James	5775 Wayzata Blvd	St. Louis Park MN 55416	<input type="checkbox"/>
VTS	Jacobsen, Don	5775 Wayzata Blvd	St. Louis Park MN 55416	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Don Jacobsen      Date: 2/12/01      Daytime Phone #: 902-525-6320

CR2E083 (11/00)